

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

		Type of Statement		E L		
☐ NEW This committee is registering with the Virginia State Board of Elections for the first		.□ AMENDED				
		This committee is filing an amended Statement of Organization.				
,g	time.	Date Changes Took Effect	SBE-issued Committee I	D		
,		2/6/2014	CC-12-00645			
RATE AND		Committee Information				
A) -	Frieds of	Sea Holiha	CITY OF ALEXANI	RIA		
	Name of Candidate Campa	ign Committee	FEB # 7 2014			
	521 E Alexi	endria Avre	VOTER REGISTRATIO	_		
	Street Address/PO Box		Suite# ELECTORAL BOARD	N		
Committee Information	Alexandria	AU				
	City		2230 (State 2	ip Code		
	Sualhe		571-488-5	5741		
	Stholing egnail con 571-488-5742 Email Address Daytime Phone #					
	NIA					
	Campaign Website					
		Candidate Information				
	Mr. Holina	Sin	Thomas			
	Salutation Last Name	First Name	Middle Name	Suffix		
		milrie AVL				
	Residence Address Apt#					
Candidate	Alexandria VA		22301			
Information	Alexandric			Cip Code		
	County or City of Residence		Voter Identification #			
	Stholiharegnail.com		571-488-5142			
	Email Address		Daytime Phone #			
	By checking this box, I certify that I am currently registered to vote at the address above.					
		Election Information				
	CACA					
Election Information	Office Sought	District (if one)			
	Political Party	November May Special				
	I ontical Farty	Year of Election	Type of Election			

Revised: October 2, 2013



Statement of Organization CANDIDATE COMMITTEE

	Treasur	rer Information	and the gradien				
	Mr. Holihan Salutation Last Name 521 E. Alexand Residence Address			ddle Name Suffix			
Treasurer Information	Residence Address Alexendria City	Jix	Apt #	ZZ301 Zip Code			
	Stholina & gnal. com Email Address		Voter Identification # $S71 - 488 - 5742$ Daytime Phone #				
CHANN TEAN	☐ By checking this box, I certify that I am currently registered to vote at the address above.						
Buch	Byrke + Herbert Book						
Name of Primary Financial Institution		Name of Other F	Name of Other Financial Institution (if applicable)				
Alexandr	the SA						
City	State	City		State			
	Comm	nittee Activity					
Dates of Activity	Please provide the following dates. (In Date first contribution accepted: Date first expenditure made: Date campaign depository design Date filing fee paid for party not Date Statement of Qualification Date treasurer appointed:	nated:		committee, write "N/A")			

(continued on next page)



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Filing Method File electronically using SBE's Electronic Filing Application. File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) File paper reports.		Filing	Method			
Filing Method File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) Tries paper reports.		Please indicate the method by which this committee will submit all required campaign finance reports:				
Signature Date		☐ File electronically using SBE's Electronic Filing Application.				
Signature Signatures I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a manner, all monies and things of value which this campaign committee receives or expends. Civil penaltic be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature Date I accept the appointment of Treasurer of this campaign committee. I understand that I am required to with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia understand that I must truthfully report all monies and things of value which this campaign committee rece expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia late or non-filed reports. I also understand that I may be subject to the provisions of § 24.2-1016 is punishable by a Class 5 felony.		☐ File electronically using an SBE Approved Vendor				
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